

APPLICATION FOR BUILDING PERMIT
RADD - Residential Additions (Not Garage or Carports)

Enter/Approve _____ DATE _____	
PAID _____ DATE _____	

City of Lake Jackson
25 Oak Drive
Lake Jackson, TX 77566
(979) 415-2430 Fax (979) 297-9804

OFFICE USE ONLY
APPLICATION # _____

Address: _____ Description of Work: _____ Contractor: _____ Owner/Other: _____ Type of Building: _____ Occupancy Type: _____ Roof Covering: _____ Existing Square Feet _____ of Building _____ # of Bedrooms: _____ Driveways/Sidewalks: _____ Demising Wall _____ Finished Floor Elevation: _____ Foundation: _____ Use of Addition _____	Total Estimated Value \$ _____ Address: _____ Phone: _____ Address: _____ Phone: _____ Roof Type _____ # of Bathrooms _____ Set Back From Front _____ Set Back From Rear _____ Set Back From Side _____ Siding _____ Sq. Ft. of Addition _____ Total Square Feet _____ Number of Stories _____ Total Sq. Ft. of Lot _____
--	---

Permit Issued To _____	Address: _____	Amount: _____
Signature: _____	Phone: _____	

Application for Electrical Permit

Contractor: _____	Address: _____	Phone: _____
Master: _____	License #: _____	
Work Description: _____		
Each outlet/switch/lighting fixture: _____	Each 2 Pole Circuit _____	Each 3 Pole Circuit _____
Each Trash Compactor/Garbage Disposal/Dishwasher _____	Meter Loop _____	T- Pole _____
Motors: 0 to 10 HP _____ 10 to 50 HP _____	50 ton & Greater _____	Each Panel _____
	Date Paid: _____	Amount: _____

Application for Plumbing Permit

Contractor: _____	Address: _____	Phone: _____
Master: _____	Master License #: _____	
Work Description: _____		
Each Drain _____	Each Sewer Main _____	Each Cold Water Outlet _____
Each Gas Outlet _____		Each Hot Water Outlet _____
	Date Paid: _____	Amount: _____

Application for Mechanical Permit

Contractor: _____	Address: _____	Phone: _____
Master: _____	Master License #: _____	
Work Description: _____		
Motors: 0 to 5 ton _____	5 to 10 ton _____	10 to 50 ton _____
		50 ton & Greater _____
	Date Paid: _____	Amount: _____

Application for Tap and Sewer Fee

Size _____	Sewer _____
Location _____	Date _____
OTHER _____	Amount: _____

Total Amount: _____